



Atty. Dkt. No. 076333/0281

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William E. KLUNK *et al.*

Title: THIOFLAVIN DERIVATIVES FOR
USE IN ANTEMORTEM
DIAGNOSIS OF ALZHEIMER'S
DISEASE AND IN VIVO IMAGING
AND PREVENTION OF AMYLOID
DEPOSITION

RECEIVED

AUG 28 2002

Appl. No.: 09/935,767

TECH CENTER 1600/2900

Filing Date: 08/24/2001

Examiner: D. L. JONES

Art Unit: 1645

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

[] Small Entity statement is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	143	—	100	x \$18.00	\$1800.00
Independents:	—	—	10	x \$84.00	\$840.00
First presentation of any Multiple Dependent Claims:			+	\$270.00	\$270.00
CLAIMS FEE TOTAL:					\$2,910.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$2,910.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$2,910.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$2,910.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 23 August 2002

By S. A. Bent

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